

ATTACKED FROM ALL SIDES:

VIOLENCE IMPEDES ACCESS TO SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS IN EL SALVADOR



ABOUT PAI

PAI champions policies that put women in charge of their reproductive health. We work with policymakers in Washington and our network of partners in developing countries to remove roadblocks between women and the services and supplies they need. For 50 years, we've helped women succeed by upholding their basic rights.

To learn more, visit pai.org.

TABLE OF CONTENTS

List of Abbreviations.....	2
Executive Summary.....	3
Introduction.....	5
Interacting Forms of Violence.....	7
Harmful Sociocultural Gender Norms.....	7
Systemic Violence Against Women.....	8
Gang Activity and Vulnerable Populations.....	10
Navigating Criminality for Reproductive Health Services.....	10
Contending with the State Security Response.....	13
Mitigating Measures.....	15
Reinforcing Community Capacity.....	15
Need for Coordinated Response.....	16
Conclusion.....	18
Recommendations.....	19
Methodology.....	20
Endnotes.....	21

LIST OF ABBREVIATIONS

ADESCOS	Asociaciones de Desarrollo Comunitaria (Community Development Associations)
ASPS	Asociación Promotora de la Salud (Association for Health Promotion)
APSIÉS	Asociación para la Salud y el Servicio Social Intercomunal en El Salvador (Association for Health and Inter-Community Social Service)
ARENA	Alianza Republicana Nacionalista (Nationalist Republican Alliance)
CEDAW	Committee on the Elimination of Discrimination against Women
CRC	Committee on the Rights of the Child
CSE	Comprehensive sexuality education
CSO	Civil society organization
FMLN	Farabundo Martí para la Liberación Nacional (Farabundo Martí National Liberation Front)
FUMA	Fundación Maquilishuatl
GANA	Gran Alianza por la Unidad Nacional (Grand Alliance for National Unity)
GBV	Gender-based violence
IACHR	Inter-American Commission on Human Rights
IDB	Inter-American Development Bank
IPV	Intimate partner violence
ISDEMU	Instituto Salvadoreño para el Desarrollo de la Mujer (the Salvadoran Institute for the Advancement of Women)
MS-13	Mara Salvatrucha
MICS	Multiple Indicator Cluster Surveys
MIFC	Mujeres, Individuales, Familias y Comunidades (Women, Individuals, Families and Communities)
MINED	Ministerio de Educación (Ministry of Education)
MINSAL	Ministerio de Salud (Ministry of Health)
NGO	Nongovernmental organization
NTCA	Northern Triangle of Central America
OECD	Organization for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
PAHO	Pan American Health Organization
SIBASI	Sistema Básico de Salud Integral (Basic Integrated Health System)
SIS	Secretaría de Inclusion Social (Ministry of Social Inclusion)
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY



Map of El Salvador: PAI conducted research in three departments. The capital, San Salvador in the country's central region, as well as Sonsonate in the western region and San Miguel in the eastern region. The three departments have the highest rates of violence in the country.

Violence impedes women, girls and youth from fulfilling their sexual and reproductive health and rights in El Salvador. Official statistics paint a picture of a country where women and girls face egregious levels of interpersonal gender-based violence (GBV), including sexual assault and reproductive coercion. One in four women experiences intimate partner violence (IPV) in her lifetime, though numbers on violence against women are largely believed to be underestimated. There is little accountability for crimes—threats, prejudice and impunity hamper reporting and prosecution, and, in general, reflect a lack of justice for women and girls.

Since the 2009 landmark health system reform that enshrined health as a human right, El Salvador has increased its network of public health services. An increasingly steady availability of contraceptives has improved access for women and girls in low-income and rural communities. However, both rising insecurity and violence against women threaten to undermine the reform's goals of ensuring the wellbeing and health of the country's population. The realization of sexual and reproductive health and rights extends beyond the availability of contraceptive methods and related health services. To address GBV against women beyond IPV, and ensure adequate protection and prevention of violence

against women and girls, it is critical to look at the wider context in El Salvador and the role that different forms of violence play in limiting their bodily autonomy.

Through key stakeholder interviews and focus group discussions with Ministerio de Salud (Ministry of Health, MINSAL) staff and community leaders, including youth leaders, PAI documented the scope of violence against women and girls in El Salvador and its impact on sexual and reproductive rights. This report explores how interacting forms of violence—societal, structural, collective and interpersonal—impede, if not wholly bar, access to quality sexual and reproductive health services, including contraception, as well as education and information. Interview responses demonstrated that harmful gender and sociocultural norms frame the physical barriers that women and girls face. These are further compounded by widespread gang activity and criminality. These forms of violence impact the suite of human rights that encompass sexual and reproductive health and rights, including the rights to life, personal integrity, health, privacy, education and to live free from violence and discrimination.

In El Salvador, sociocultural gender stereotypes frame women and girls' interpersonal protect

themselves from other groups, gave rise to relationships at home with their families and partners, their interactions at the community-level as they seek services and the way the justice, health and educational systems provide for them. Through laws and ineffective policy implementation, state structures further constrict the abilities of women and girls to have bodily autonomy, make independent reproductive health choices and access information and services. The lack of scientifically accurate and relevant comprehensive sexuality education (CSE), coupled with discrimination from service providers, deters young people from seeking sexual and reproductive health information and services. Girls experience even greater stigma while attempting to access contraception, sexual and reproductive health services and support for adolescent pregnancies that they are forced to carry to term or risk harsh penalties. In the context of sexual and reproductive rights, the total criminalization of abortion in El Salvador that imprisons women and girls for obstetric emergencies is emblematic of broader systemic violence against women.

Alongside state-sponsored persecution, collective violence—including gang activity and state security abuses—is pervasive. Communities must contend with the widespread criminality that El Salvador has experienced in its post-war period. The country suffers from some of the highest rates of homicide and femicide in the world and the state's inability to address gang violence cannot be separated from the struggle to advance sexual and reproductive rights. Because gang presence permeates both the private and public spheres, collective violence has unique ramifications for women and girls. They confront violence within their homes and beyond as gangs control territories that encompass businesses, schools and health centers. Women are often the intended targets of gang activity, as sexual violence and femicide are used as means of community control. In terms of sexual and reproductive health services, women and girls are often unable to seek services at the primary health level without threat or risk to their person. Likewise, MINSAL staff struggle to safely enter gang-controlled communities to provide services due to the same threat of physical harm.

Given the high levels of violence and the complex nature of insecurity in El Salvador, nongovernmental organizations (NGOs) and their local affiliates operating at the community level are critical to linking women and girls to services. While violence is a barrier in all aspects

of life, including the provision of services, the health sector reform has fostered coordinated responses to pressing health threats, including violence and GBV. The MINSAL's crosscutting approach has created municipal, departmental and national spaces for community members to engage with civil society and government authorities. Community members facilitate local outreach, ensure service delivery and promote accountability among public health service providers, all the while empowering communities to advocate for their rights. With the newly elected center-right *Gran Alianza por la Unidad Nacional* (Grand Alliance for National Unity, GANA) party, some NGOs fear their citizen monitoring work will not be welcome under a more conservative government and that the new administration will thwart progress on reproductive rights, including universal access and attempts to decriminalize abortion.

Given the pervasiveness of violence in El Salvador and its unique impact on the health and wellbeing of women and girls, this report seeks to underscore the interactions as well as opportunities to navigate violence and strengthen sexual and reproductive rights. The need to realize sexual and reproductive rights is integral to ensuring security for all and fostering broad, sustainable socioeconomic development. As international donor and media discussions adopt a converging focus on violence and the roles of citizen security, judicial reforms and good governance on combating it, this report advocates for a broader recognition of its impact on sexual and reproductive rights. It further calls for targeted, intersectoral solutions to meet the health and protection needs of women and girls.

INTRODUCTION

“Health is not just about doctor’s appointments, but is linked to the social determinants we face as women: from our homes, to the economic opportunities we have, to the lack of clean water in our communities. As women, the circumstances we live in—including violence—influence our health.”¹

—Community leader, Sonsonate

The realization of sexual and reproductive health and rights extends beyond the availability of contraceptive methods and related health services. As both the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Committee on the Elimination of Discrimination against Women (CEDAW) clearly indicate, sexual and reproductive health and rights are part of a suite of human rights. These include the rights to life, personal integrity, health, privacy, education and to live free from violence and discrimination.² Despite this rights framework, globally, women and girls exist in hostile environments that are perpetuated by

pervasive GBV, harmful gender norms and laws that restrict their bodily autonomy, often in the context of widespread criminality or open conflict.

El Salvador’s 12-year civil war ended in 1992 and deeply polarized society, creating conditions for the subsequent normalization of violence, including violence against women and girls. The conflict killed an estimated 70,000 people and displaced over a million more—many of whom fled to the United States.³ The forced deportation of young Central American refugees in the late 1990s, who had formed gangs in Los Angeles,

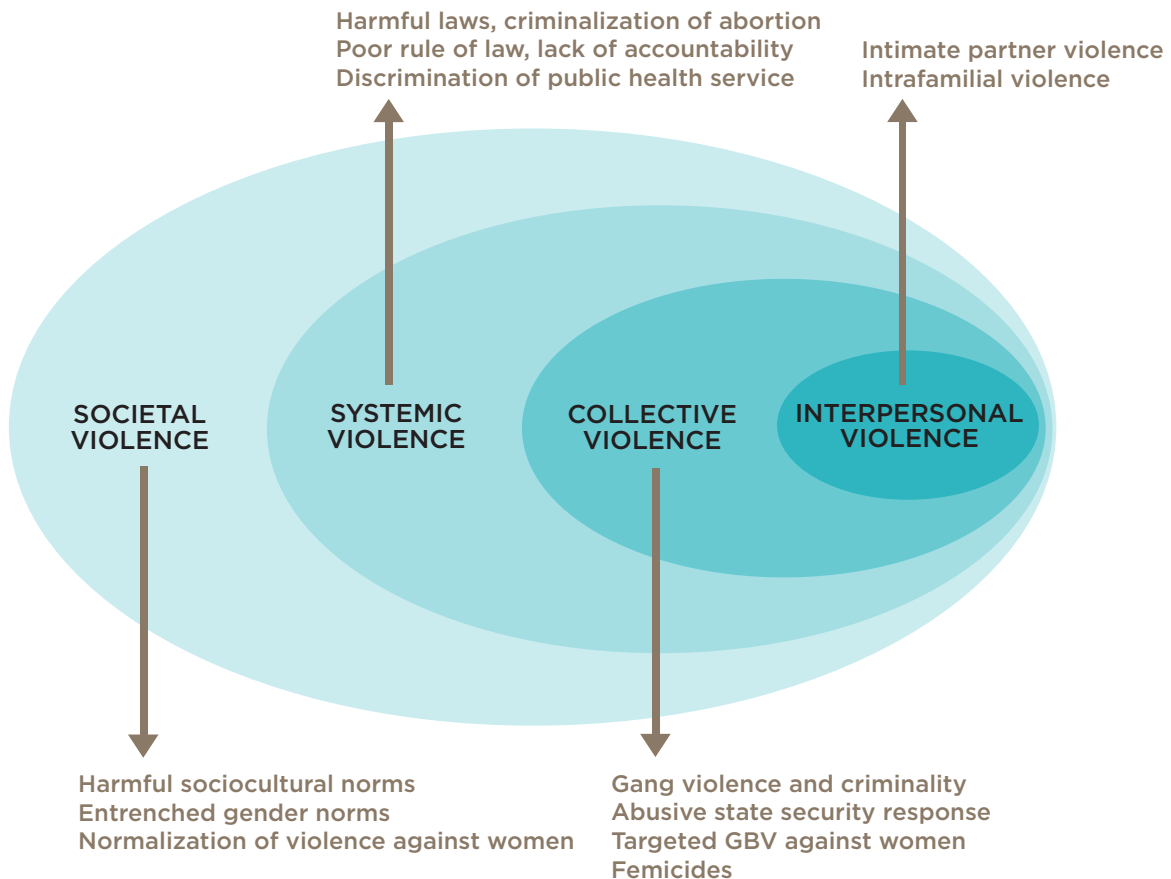


Figure 1: Typology of violence impacting sexual and reproductive health and rights.

California, to protect the transnational expansion of the two biggest gangs. The *Mara Salvatrucha* (MS-13) and the *Barrio 18* (18th Street) gangs operate throughout the Northern Triangle of Central America (NTCA) region, including the majority of El Salvador.⁴ These gangs exercise territorial control, extorting residents, forcibly recruiting children and killing, disappearing, raping or displacing those who resist them.⁵

The proliferation and entrenchment of gang activity has created an ongoing, seemingly intractable humanitarian emergency, reflected by extreme violence and human rights violations.⁶ As in the majority of such crises, women and girls are targeted with systematic violence. This report examines sexual and reproductive health and rights in the context of this violence—as experienced in both the interpersonal and public spheres of life. Beyond violence experienced at home through IPV or familial violence, women and girls in rural and urban communities face gang activity and criminality as they attempt to access services, as well as systemic violence in the form of barriers and mistreatment in the health, education and justice sectors meant to serve and protect them.

Women and girls in El Salvador experience direct GBV in multiple forms. One in four women report IPV, though the number does not account for violence inflicted by other male family members.^{7,8} According to an official national family health survey, over 13 percent of women have experienced sexual violence, with nearly 8 percent suffering rape and another 10 percent sexual abuse.⁹ Half of those who suffered sexual abuse and 28 percent of those who were raped were under age 15.¹⁰ Tragically, a 2011 study found that the incidence of rape in El Salvador peaks among girls between the ages of 10 and 14, which, in combination with the country's total abortion ban, contributes to high rates of early pregnancy.¹¹ These figures are considered to be underestimates as violence itself, threats, prejudice and widespread impunity contribute to underreporting.¹² Perpetrators of GBV are rarely prosecuted, further hindering justice for girls and women.¹³

In addition to high rates of sexual violence, there is a disturbing trend of broader gender-based attacks against women. As a MINSAL staff told PAI, “Most of the violence in the country is directed at women. There have been forced disappearances of women and girls—girls as young as 15 years old.”¹⁴ Similar reports were made to the Inter-American Commission on

Human Rights (IACHR) in its 2017 visit to El Salvador.¹⁵ Despite the general decrease in homicides throughout the country in the last two years, the violent deaths of women continue to occur at a high rate. In 2017, there was one femicide every 18 hours.¹⁶ These intentional murders of women occurred primarily among young women of reproductive age.¹⁷

In 2012, the government of El Salvador enacted the Special Comprehensive Law for a Violence-Free Life for Women, which criminalizes domestic violence, sexual assault and other forms of abuse.¹⁸ While a commission was established the same year to ensure implementation, the law remains largely unenforced. The normalization of harmful masculinities—referred to by interviewees as the *'machista'* culture—upholds patriarchal codes. It reaches all the way into national legislation, reflected in the total criminalization of abortion, engendering violence against women and girls in the systems meant to protect them. In a society plagued by criminality, this means the most vulnerable are attacked from all sides. As a community leader in San Miguel told PAI:

“Gender-based violence is extremely complicated here. In many cases, the victims end up defending the perpetrator because they are alone without anyone to help. The role of the government should be to support them.”¹⁹

INTERACTING FORMS OF VIOLENCE

“Violence is not new, but rather part of the patriarchal, institutional violence... It is a barrier to women learning about family planning and accessing contraception, especially if she has a partner, especially if she is young. Violence impedes access.”²⁰

—Representative, Asociación Promotora de la Salud
(Association for the Promotion of Health, ASPS)

HARMFUL SOCIOCULTURAL GENDER NORMS

Gender-based violence, including IPV, intrafamilial violence and femicide, reflect the ingrained gender norms in El Salvador. The CEDAW, in its 2017 concluding observations for El Salvador, noted: “*machista* culture that reinforces stereotypes about the roles and responsibilities of women and men in the family, the workplace and society constitute serious obstacles to women’s rights, in particular their right to be free from all forms of violence.”²¹ As a youth community leader described the situation to PAI, “cultural beliefs are a major barrier for youth and women—both are repressed. Women can’t do anything because they are women. It’s all the consequences of a patriarchal society.”²²

For sexual and reproductive health, sociocultural gender stereotypes frame women and girls’ interpersonal relationships at home with their families and partners, their interactions at the community level as they seek services and the way justice, health and educational systems provide for them. At a basic level, norms limit the bodily autonomy of women and girls, and gender and power dynamics impact contraceptive decision-making. The modern contraceptive prevalence rate in El Salvador is relatively high for the region at 68 percent. However, some women find the need to hide contraceptive use from their partners, contributing to high use of injectables (19.8 percent) as well as more frequent stockouts for this method in contrast to others.²³ Interviewees reported that women who want to use contraception go to great lengths to do so discreetly. A community leader in San Miguel, who also works as a MINSAL community health worker, described women traveling outside their rural communities to health posts so that their partners or husbands would not find out about their decision to use contraception.²⁴ “Machismo is such a major barrier that some husbands

won’t even let their wives do basic blood work,” she told PAI. Women in these contexts assume additional financial burdens as well as the physical risks of violence in moving outside certain spaces in order to procure contraception. As a result, they are increasingly seeking more viable options. A 2018 study by the *Fundación Maquilishuatl* (FUMA) found in Sonsonate that there is a growing preference for three-month injectables, despite all methods being promoted equally.²⁵ “Promoters are providing contraception secretly, that’s why the three-month injection is so popular,” a representative from the MINSAL’s *Sistema Básico de Salud Integral* (Basic Integrated Health System, SIBASI) in Sonsonate told PAI.²⁶

Due to norms around sexual and reproductive health and religion reinforcing taboos and misconceptions about contraception, information on sexual and reproductive health is largely inadequate and inaccurate.²⁷ A critical consequence of this has been the disconcerting increase in adolescent pregnancies, attributed to insufficient CSE. Emblematically, a 2017 FUMA study on adolescent pregnancy found that the traditional ideology of motherhood, which presents pregnancy and childrearing as the ultimate life goals for women, legitimizes early adolescent maternity.²⁸

Unmet need for girls between 15 and 19 is nearly 22 percent and the most severe of any age quintile. These figures are even more disheartening as the survey only accounts for women and girls married or in union and not the needs of those who are single or unmarried.²⁹ Between 2013 and 2015, one out of every three pregnancies in El Salvador was to an adolescent mother.³⁰ A recent United Nations Population Fund (UNFPA) survey found that nearly a quarter of women ages 20 to 24 had a child before 18.³¹ Pregnancy has a devastating effect on adolescent girls’ education and health—especially those between 12 and 14 years of age. A youth

community health worker in San Salvador, herself 14 years old, described girls regularly dropping out of class due to pregnancy. They have little prospect of resuming their studies after giving birth, which then further limits their economic opportunities and ability to live free from violent situations at home.³²

SYSTEMIC VIOLENCE AGAINST WOMEN

Normalized gender roles that frame women and girls’ sexual and reproductive health and rights impact the quality of services they receive. In the context of sexual and reproductive rights, the total criminalization of abortion in El Salvador is emblematic of the broader systemic violence documented in this report and the need for an integrated response across multiple government ministries that also tackles the ingrained sociocultural norms.

In Sonsonate, San Miguel and San Salvador, different groups of community and youth leaders said discrimination and bias prevent youth from accessing sexual and reproductive health services and contraception. They agreed that the stigma is worse for young women and girls, including adolescent mothers who are often unable to return to school after giving birth, then struggle to find employment and face discrimination within their families for their lack of productivity.³³ In 2014, the MINSAL reported 74 births per 1,000 live births among girls aged 15 to 19, not accounting for pregnancies among 10 to 14 year old girls. While the maternal mortality ratio has decreased from 47.5 deaths per 100,000 live births in 2014 to 28.6 in 2018, almost half of

those maternal deaths in 2014 occurred among 10 to 24-year-olds.³⁴ Pregnant young women and girls are faced with social isolation and must carry to term unwanted pregnancies—including those resulting from rape and incest—due to the complete abortion ban. These factors, which also contribute to discrimination and social stigma against young, unmarried mothers, lead to many girls choosing to end their lives.³⁵ Suicide is the second-leading cause of death among girls aged 10 to 19 years, and at least 42 pregnant girls have died by suicide in El Salvador between 2011 and 2017.³⁶

Youth community leaders in San Salvador spoke of unsafe abortions among their classmates. “Pregnancies are often the result of rape,” one boy told PAI. “Girls are not able to protect themselves and they’re afraid to ask for contraception.” One of the girls added that, as a result, “many girls seek abortion. Because it’s illegal, under-the-table abortions are risky. And if a girl goes to a health center with an infection, the doctors think she aborted and will report her.”³⁷ A community leader in San Miguel, who is also a MINSAL community health worker, described the case of an 11-year-old girl in her community who had recently given birth. She was raped by a visiting family member and became pregnant. As the community leader told PAI, “It is a failure of the health system to force girls to have a pregnancy.”³⁸

Women and girl’s lack of bodily autonomy is exacerbated by state-sponsored persecution. The 1998 Penal Code’s Article 133 is the ultimate embodiment of systemic violence against women and girls: voluntary interruption of pregnancy

Penal Code	Description of Crime	Sentence
<i>Article 129: Aggravated Homicide</i>	Homicide against family members is illegal, including partners, siblings, parents or children. Women are inconsistently prosecuted under the homicide article for allegedly having induced abortions.	30-50 years imprisonment
<i>Article 133: Consent to Abortion or Self-Induced Abortion</i>	Abortion is illegal in all instances. A woman who induces her own abortion or consents to it being performed is subject to prosecution.	2-8 years imprisonment
<i>Article 135: Aggravated Abortion</i>	If an abortion was performed by a doctor, pharmacist or other health worker, that service provider can face imprisonment.	6-12 years imprisonment
<i>Article 136: Inducing or supporting abortion</i>	Facilitating a woman in obtaining an abortion, including providing financial or other forms of support, is illegal.	2-5 years imprisonment

Table 1: Criminal sentencing for obtaining, providing or facilitating alleged abortions. Women who allegedly have induced abortions are inconsistently charged under articles 129 and 133.



San Salvador, El Salvador, February 23, 2017: Salvadoran women take part in a demonstration to demand the decriminalization of abortion outside the Legislative Assembly. © MARVIN RECINOS/AFP/Getty Images

is criminalized and banned in all circumstances, including rape and incest. Additionally, the Penal Code's subsequent articles on abortion target service providers. Public employees or officials—including in hospitals and clinics—who fail to report abortion 'crimes' face prosecution. As a result, women and girls are reported by public health staff to authorities and prosecuted for a wide range of obstetric emergencies.³⁹ Because of the legal environment, women and girls who experience complications during pregnancy, including miscarriages, or those who attempt to end their pregnancies, often will forego seeking medical treatment when needed. Those who do, or those who are reported, risk harsh sentences.

As of this writing, there are 24 women in prison in El Salvador on inconsistent charges of homicide or abortion.^{40,41} As the *Agrupación Ciudadana*, one of several organizations in El Salvador working to decriminalize abortion, has reported, banning termination of pregnancy on all grounds is a serious violation of the rights of Salvadoran women and girls. It constitutes an act of intentional discrimination that exposes them to serious suffering, ill-treatment, prison and other inequalities, including at-risk pregnancies at the cost of their own lives.⁴² The girls and women who are most vulnerable due to their socioeconomic situation and their lack of access to educational and health services are those

who suffer the most from the effects of the criminalization of abortion.⁴² Another women's rights advocate told PAI, "Women are in prison because of obstetric emergencies. They are, for the most part, rural women who just didn't have access to health care... All the imprisoned women are from poor, marginalized communities and many from terrible, violent situations at home. It's a cycle of issues."⁴⁴

In December 2018, Imelda Cortez—a rape survivor who had been charged with attempted murder—was found not guilty and released. She had been in pretrial detention since April 2017 after giving birth to a child fathered by her abusive stepfather. Prosecutors argued that failing to tell anyone about the pregnancy or seek medical attention for the baby was a crime.⁴⁵ While her release demonstrates some progress, her stepfather has not been charged. Women are still prosecuted—the remaining women convicted of homicide or abortion are serving 30 to 40-year sentences—while impunity reigns for perpetrators of sexual violence.⁴⁶ Decriminalizing abortion and tackling sentencing of aggravated homicide are central to challenging the discriminatory practices against women that contribute to maternal mortality and high rates of adolescent pregnancy. In a country experiencing pervasive criminality that has detrimental impacts on women and girls, the government of El Salvador must examine its own

role in perpetuating systemic violence against women. Specifically, the state must take a human rights-based approach to GBV and the sexual and reproductive health and rights of its population. It must tackle the entrenched harmful gender norms reflected in national policies that limit bodily autonomy, including articles of the Penal Code.

GANG ACTIVITY AND VULNERABLE POPULATIONS

The context of widespread criminality has unique impacts on the rights, health and wellbeing of women and girls, as well as other at-risk groups, including adolescents and youth, in their homes and communities.⁴⁷ In 2015, El Salvador was considered the most violent country in the Western Hemisphere with one of the world's highest murder rates.⁴⁸ Criminality is normalized, with gang membership deeply intertwined with the socioeconomic and political fabric of the country. MS-13 and the 18th Street gang currently have an estimated 60,000 active members and a support base of 500,000 Salvadorans—eight percent of country's population—and exert control over both urban and rural communities throughout the country.⁴⁹ Women and girls are members or find themselves living with—by choice, family or force—gang members.

Because gang influence extends from the private sphere to the public arena, including schools, businesses and health centers, women and children confront violence inside and outside their homes as they go about their daily lives.⁵⁰ Criminality severely constricts mobility by forcing women, girls and youth to limit their movement outside the home, abandon school, work and other activities, and, in some cases, flee their communities or even the country.⁵¹ In the metropolitan area of San Salvador, for example, zone control due to gang divisions physically blocks community access to public health centers. According to a MINSAL representative, community members often cannot cross the street into rival gang territory to reach their nearest assigned health post.⁵² As a result, some individuals—particularly youth—forego seeking services altogether. As a 16-year-old community leader told PAI in San Salvador, “you prefer to be sick [rather] than risk your life.”⁵³

Gang violence and sociocultural norms are intrinsically linked to GBV against women in El Salvador and extend to the restrictions women and girls face in accessing sexual and reproductive health and rights. From a young

age, girls are often forced to either become gang members or partners of gang members, meaning that, under gang control, their movement—and by extension their reproductive decision-making—is severely restricted. “They are not allowed to go to medical appointments, for example, prenatal visits if they are pregnant,” a health NGO staff member told PAI.⁵⁴ Reports suggest that gangs use sexual violence as a tactic for establishing and maintaining dominance over the territories in which they operate.⁵⁵ As a 14-year-old community leader told PAI, “Girls are seen as the physical belonging of a gang members for life.”⁵⁶ A community leader in Sonsonate described the link between gang activity, mobility and sexual and reproductive health and rights:

“Violence is a threat to all of us... But when we think about the women in these communities who are suffering from gender-based violence, how do they get help? If we cannot reach them, how do they get out of that situation? The gangs monitor and limit the ability to move.”⁵⁷

NAVIGATING CRIMINALITY FOR REPRODUCTIVE HEALTH SERVICES

Collective violence and criminality disproportionately affect women and girls seeking to access reproductive health services.⁵⁸ The government, NGOs and community-based organizations have developed strategies to reach the vulnerable women and girls living in rural and urban gang-controlled areas, attempting to navigate gang dynamics and insecurity to provide sexual and reproductive health access.

In the last decade, the government of El Salvador has made significant strides in more equitable public health access. In 2009, with the end of the decade-long conservative *Alianza Republicana Nacionalista* (ARENA) party rule, the newly elected *Farabundo Martí para la Liberación Nacional* (FMLN) government ushered in the five-year National Health Strategy to improve access, efficiency and quality of health services. This strategy coincided with the rapid end of over 40 years of financial support from the United States Agency for International Development (USAID) for family planning and reproductive health in 2010. The government of El Salvador has since assumed responsibility for the provision of sexual and reproductive health services. Through its public health facilities, the MINSAL provides contraception free of charge. Because contraceptives provided by private clinics



and pharmacies are often cost prohibitive for many—including those who may not control the financial resources within their household or who live in rural locations—the broader population is particularly reliant on the MINSAL for sexual and reproductive health services, including contraception.⁵⁹

Though some challenges remain at the national level, largely around delays in budgetary increases and the procurement period, methods are generally available at MINSAL community health facilities.⁶⁰ High rates of female sterilization played a critical role in driving down fertility rates in El Salvador from 5.1 children per women in 1980 to an average of 2.1 children per women in 2015.⁶¹ However, these figures also underscore a skewed method mix, and by extension, concerns around the voluntary nature of these procedures, the effective promotion of and counselling on the range of contraception, social acceptance of other methods and the ongoing ‘burden’ of family planning on the woman.⁶² Sterilization rates remain relatively high in El Salvador (36.8 percent), despite a strong preference for injectable contraceptives and the introduction of highly effective alternative options, including the hormonal implant.⁶³ Widespread availability of the procedure in public health centers; strong promotion from hospital and field staff, including a targeted counselling program for post-partum women; greater social acceptance of sterilization and common fears about other methods contribute to the prevalence of sterilization in El Salvador.

Community health extension teams are the basic operational unit that bring services and supplies to some of the most vulnerable communities.⁶⁴ The MINSAL community health workers conduct home visits, offer a range of short-acting contraception, provide referrals for other contraceptive and sexual and reproductive health services and monitor population health through follow-up with users. With limited resources, promoters prioritize pregnant women, women of reproductive age and children under five. This system of health promotion, while a reflection of the state’s commitment to health as a human right, puts MINSAL staff and service delivery in direct confrontation with the realities of gang control. A MINSAL representative told PAI that, for health promotion and service delivery, including contraception and sexual

and reproductive health service delivery, “The major barrier is violence. Promoters cannot enter certain communities because of gangs. The broader population has issues accessing services due to territorial divisions that force them to seek services at health posts that are further away.”⁶⁵

In Sonsonate, a department in the western region of the country that has one of the highest rates of homicides, SIBASI leadership told PAI that given the issues in staff mobility, first-line MINSAL community health workers are selected from the communities they serve to facilitate access and reduce risk.⁶⁶ However, this strategy alone does not fully buffer the violence. The SIBASI still has had to relocate staff to other municipalities due to threats of violence, which, in some cases, has undermined service provision. Whole communities lose access to health care because of the loss of a promoter. Even providing integrated mobile health services with a team of promoters and medical staff has its security challenges. As the head of the SIBASI in Sonsonate told PAI, “the risk of violence frames all the work we do.”⁶⁷ Empowering women and the broader community to recognize their reproductive rights and the attempt to exercise those rights challenges gang dominance.

Additionally, as the fulfillment of sexual and reproductive rights is a direct challenge to gang dominance, MINSAL and community leadership are often forced to navigate gang ideologies to promote sexual and reproductive health and increase access to contraception. In Nahuizalco—a municipality in the Sonsonate department and one of the most violent in the country—gang members prohibited SIBASI health staff from speaking about contraception.⁶⁸ The MINSAL staff can be putting themselves at risk by providing counselling to all women, and specifically the female partners of gang members, who are not allowed to make independent decisions about their reproductive health.

While the effects of violence vary across the country, mobility is nonetheless restricted for women and girls. Although gang leadership in the eastern department San Miguel was widely perceived as allowing MINSAL community health workers to access communities and ensure service delivery, women leaders in the region underscored the challenges rural life presents.⁶⁹

San Andres, El Salvador, August 15, 2017: Young women and girls are regularly targeted by gangs, raped in disputes between warring gang factions or forced into relationships where they often face further sexual exploitation and violence by members who take them as “girlfriends.” © Bénédicte Desrus/Sipa

Health services and information are often inaccessible for women and girls, in particular. For example, women are not always able to access emergency health services during labor. At night, no ambulances are available as they only operate during the day. Nor can women and girls rely on the police for support. Police will rarely enter rural communities due to gang control. Rural women and girls, therefore, need to travel further, risk their personal safety and spend more limited resources to access reproductive health services. They are also more likely to suffer obstetric emergencies that can put their lives and—given the prosecution of women with the criminalization of abortion—their liberty at risk.⁷⁰ This, coupled with low education, entrenches a cycle of poverty and discrimination in a way that distinctly affects women and girls. It can force their dependence on partners, including gang members, for survival, often the same perpetrators of sexual and domestic violence.⁷¹

CONTENDING WITH THE STATE SECURITY RESPONSE

As MINSAL staff try to find ways to reach high-need populations, the state security apparatus itself often works against these goals, reinforcing security challenges for women, girls and youth trying to access health services. While the lack of law enforcement and general impunity for criminal activity has enabled the proliferation of gangs, the government's iron fist response has also been widely reported as aggressive and often abusive.⁷² Police have been accused of human rights violations, including extrajudicial killings.⁷³ The heavy-handed response has a direct impact on accessing health services, especially for youth, who are often targeted because of a presumption of gang affiliation. Residents in gang-controlled areas—especially women and children—are caught between the escalation of gang violence and the government's approach.⁷⁴

The policing and military strategy in El Salvador has added to the difficulty in accessing health care by affecting mobility and displacing communities. In response to security crackdowns, gangs are displaced within urban centers and encroach into rural areas, extending their territorial control and forcing community members out of their homes.⁷⁵ Because families frequently move to flee violence and gang

encroachment, MINSAL community health workers cannot adequately track patients.⁷⁶ Families and patients reportedly do not re-register in new locations out of fear of gang reprisal—meaning they do not qualify for services in their temporary homes. In 2018, in the municipality of Armenia in Sonsonate, entire communities were displaced due to violence and the health workers were not able to provide follow-up to high-risk patients.⁷⁷

PAI spoke with nine youth community leaders in San Salvador who described how—amid gangs targeting and recruiting boys into their ranks and sexually assaulting and forcing girls into relationships—government security forces also target youth in frequent crackdowns. The Committee on the Rights of the Child (CRC) notes that the current government's *Plan El Salvador Seguro*—the national security plan—prioritizes repressive policing rather than violence prevention and protection of children and youth.⁷⁸ “Youth are trapped between the gangs and the police,” a youth community leader told PAI in San Salvador.⁷⁹ Another added that the police and military are also seen as a threat to young women. “It’s not just the gangs raping women, it’s the police... It’s the military. It scares me to see soldiers in my community,” she told PAI. While girls are seen as physical belongings of gang members for life, youth in San Salvador believe police are a similar threat to women, “claiming them as property.”⁸⁰ Increased militarization of the police, instead of advancing prevention and support for youth, perpetuates state-sponsored violence against them as well as women and girls.

San Salvador, El Salvador, January 19, 2019: A soldier patrols a neighborhood dominated by the MS-13 gang during an operation to capture some of its members. © MARVIN RECINOS/AFP/Getty Images



REINFORCING COMMUNITY CAPACITY

To contend with threats and the intimidation of staff by gangs, some NGOs like FUMA have shifted to local leadership and a community network model to ensure populations receive outreach and are linked to services. This approach has strengthened local actors while also increasing accountability among public health service providers.⁸¹ Community leaders trained and supported by NGOs monitor the public health system to improve quality of care and service access as part of the National Health Strategy. This reform was institutionalized through the creation of the *Foro Nacional de Salud*—National Health Forums—in 2010, recognized as an official citizen monitoring system in the Salvadoran Municipal Code.

As a result, Salvadorans actively engage with the MINSAL for better health policy and practice, including at the community level. Leaders work with *Asociaciones de Desarrollo Comunitaria* (Community Development Associations, ADESCOS) to promote development and mediate needs between citizens and authorities. There is now an official strategy—*Mujeres, Individuales, Familias y Comunidades* (Women, Individuals, Families and Community, MIFC)—to form community health committees that support health promotion, women’s empowerment and social monitoring.⁸² Specifically, they assess quality and medical stock at community health units, identify user needs, provide informational outreach to the broader communities and present routine feedback to the MINSAL at the municipal, departmental and regional level.⁸³

Increased community acceptance of leaders has created valuable partnerships with MINSAL community health workers. MINSAL staff in San Salvador and Sonsonate expressed that when teams travel to a violent zone, they will seek the accompaniment of local leaders—even youth community leaders.⁸⁴ A community leader who has been working in Sonsonate since 2012 explained that, by supporting the community health workers, she is also able to monitor the quality of the health services they provide to ensure that the interaction is client-focused, rights-based and positive.⁸⁵

Community leaders themselves are by no means immune to violence. “Of course, violence affects all of us. We cannot move around easily from one community to another, especially not to ones that are remote, because the violence is a threat to us all.”⁸⁶ The leaders described constantly needing to show identification and being tracked by the gangs in the communities, which limits their ability to move freely. A leader in Sonsonate told PAI, “We cannot easily go from one [community] to another. While where we live might be okay, if we try to enter another community, we are asked where we are from and what we are doing there. You are always a bit fearful, knowing they will question you.”⁸⁷ Many volunteer community leaders trained by civil society organizations (CSOs) are themselves women. They described having difficulty conducting their social monitoring work, not only because of the gangs, but because of the patriarchal norms within their families, fear of their spouses’ reactions to their sexual and reproductive health work and other violence at home.⁸⁸

Despite these constraints, the citizen monitoring efforts have more broadly empowered women, and now, more men who have joined the training programs. Citizen monitors build greater, more sustainable community cohesion and serve as a buffer to violence by empowering the broader community to claim their rights. They are able to speak publicly about taboo subjects like sexual and reproductive health and rights and contraception.⁸⁹ Community leaders are even working with primary and secondary schools to provide sexual and reproductive health and GBV information to youth and adolescents.⁹⁰

However, civil society and local citizen monitoring work must be met by cross-cutting political-level engagement on these issues, particularly within the justice sector, to address systemic issues. Without adequate and sustained government buy-in at the national and departmental levels, civilian oversight initiatives cannot be scaled up. Youth leaders in San Salvador underscored the difficulty in obtaining official support:

“We’ve been trained to work in the communities, but we don’t always know where to begin or don’t have the resources. The local government can be the bridge to help us start these things. But unfortunately, we don’t have their support.”⁹¹

NEED FOR COORDINATED RESPONSE

Because girls aged 10 to 19 represent nearly 10 percent of the Salvadoran population, the government of El Salvador has shown a willingness to prioritize addressing adolescent pregnancy through prevention campaigns and protection programs.⁹² However, unless the government and its development donors advance sexual and reproductive health from a rights-based approach that tackles GBV in all its forms—including repealing the total abortion ban—lasting change will not take root.

The *Ciudad Mujer* (Women Cities) initiative created by the *Secretaría de Inclusión Social* (Ministry of Social Inclusion, SIS) has created alternative safe spaces for women and girls to access comprehensive services and support in secure compounds in different regions of the country.⁹³ Community leaders in Sonsonate acknowledged that women trust these centers more than police because of the *Ciudad Mujer* program’s respect for women’s privacy. However, their locations in urban centers, while necessary, mean that their services are unavailable to the most disenfranchised. Rural outreach is needed to identify women at the community level and refer and accompany them to services.

Beyond the *Ciudad Mujer* program, community leaders, as well as NGO and MINSAL representatives, spoke to PAI about the lack of broad policy implementation to protect women and girls. To adequately serve young people and communities, greater financial investment is required, as well as development of staff competency in sexual and reproductive health service provision, ongoing training and oversight across sectors to ensure implementation of a rights-based approach to health care.⁹⁴ The lack of necessary political will is evident with adolescent pregnancy and CSE. Within the government, adolescent pregnancy is not viewed as a social issue, but rather as a health problem and therefore the responsibility of the MINSAL.⁹⁵ The state lags in providing information, education and communication on sexual and reproductive health. CSE starts when students are around 12 years old—late by international standards that recommend early age and developmentally appropriate curricula for health and wellbeing.⁹⁶ Although the MINSAL education unit coordinates with the *Ministerio de Educación* (Ministry of Education, MINED) on CSE, the effectiveness of the relationship depends on the leadership and is often impacted by educator bias.⁹⁷ “Each sector works on its own and, due to political interests, do not come together to advance goals.”⁹⁸ In the absence of collaborative leadership at the MINED,



San Salvador, El Salvador, December 13, 2017: Women protest outside a courtroom, demanding that the government free women prisoners who are serving 30-year sentences for having an abortion. © AP Photo/Salvador Melendez

the MINSAL assumes the difficult challenge of providing CSE.

Any advancement is impeded by a limited health budget that “is still a mere three percent of GDP expenditure on health.”⁹⁹ For example, for the metropolitan health region, which has the largest population density in the country, there is only an eight-person MINSAL health promotion and education team spread across 65 health centers.¹⁰⁰ A MINSAL staff member described the success of a recent pilot violence prevention program, *Familias Fuertes* (Strengthening Families), which bolsters family and community networks for youth and integrates health into violence prevention. Despite the program’s positive outcomes, it is too expensive to be scaled up.¹⁰¹ In Sonsonate, a SIBASI staff member explained that they do not have enough gasoline for their MINSAL vehicles, let alone resources to increase staff or for education and outreach.¹⁰² While most community leaders described positive relationships with community health workers, understaffing remained a major concern. In San Miguel, the leaders described oversaturated health clinics and hospitals that send women home too early after delivery in order to free up beds.¹⁰³

With the end of the United States’ family planning and reproductive health funding in 2009, El Salvador lost a champion donor. Since the end of USAID funding, indicators have stagnated without increases in contraceptive use nor tangible decreases in unmet need. USAID funding was critical for increasing access to services for rural and low-income populations. While the Salvadoran health sector reform has led to positive changes in maternal and child health outcomes, donor support—including that of the United States—on the intersecting issues of violence, gender and youth is needed to support changes and ensure that the government meets its international obligations and development goals. However, donor investments have focused overwhelmingly on democracy, governance and security—sidestepping human rights and gender, which are needed for sustainable violence prevention.¹⁰⁴ The demographic distribution of El Salvador’s population clearly necessitates greater investment in youth and girls, both financially and politically. Prioritizing quick investments with limited results, such as policing, will not result in long-term change that reduces violence against women, girls and youth, and cements their rights. As an NGO representative told PAI:

“Gang violence is a product and reflection of the social, economic and political model of the country—policies have marginalized youth throughout the country. As long as there is a lack of integrated policies to promote opportunities, education and health of youth, as well as reducing migration to the United States and preventing adolescent pregnancy, the phenomenon of violence cannot be resolved.”¹⁰⁵

CONCLUSION

Though positive reforms have expanded access to free health services, including contraception, women, girls and youth continue to face violations of their sexual and reproductive health and rights in El Salvador. Interacting forms of violence create multilevel barriers that limit the ability of vulnerable populations to make informed decisions about their sexual and reproductive health and seek quality services. The perpetuation of gender stereotypes that fosters the normalization of GBV, enshrined in harmful national policies, will keep the country from meeting its human rights obligations and advancing its health and development goals.

Because of the 2009 health sector reform and the work of the MINSAL in recent years, there are now municipal, departmental and national spaces for community members to engage with civil society and government authorities. Given the state of widespread insecurity in El Salvador and the mobility constraints that women, girls and youth face in physically accessing services, community-level initiatives are critical. These public sector partnerships that improve services, and more broadly advance development and the empowerment of women, can have critical impacts at the micro-level—especially in addressing GBV and IPV in domestic spaces. Moreover, these efforts have the potential to create domino effects—empowering larger numbers of citizens to understand their sexual and reproductive health and rights and strengthening local CSOs. These efforts not only serve as a buffer to criminality and gang violence, but can also help communities weather detrimental political or policy changes at the national level. However, there is no guarantee that president-elect Nayib Bukele, who takes office in June 2019, and his center-right GANA party will sustain the advances made by prior FMLN administrations in the spheres of health and rights. Some NGOs fear their citizen monitoring work will not be welcome under a more conservative government, and that the new administration will thwart progress on reproductive rights, including universal access and attempts to decriminalize abortion.

However, even if these community strategies continue under the new GANA government, there is still danger in everyday activities due to collective violence. Without the necessary integration of GBV and protection into security

responses, women, girls and youth will continue to bear the brunt of gang activity and criminality that compounds the other forms of violence they face in their homes and daily interactions. In addition to the need for support and implementation of youth and gender-related policies in El Salvador, the government needs to take a rights-based approach to better understand the dynamics that affect sexual and reproductive health and rights. This would address both the negative impacts of gang and community violence, as well as the overarching harmful gender norms.

Additionally, the government must acknowledge the detrimental impact of the criminalization of abortion on women and their sexual and reproductive rights. The hostile environment criminalization creates for women and girls directly contributes to early adolescent pregnancies and maternal mortality, as well as widespread taboos around sexual and reproductive health. Until the government of El Salvador can tackle attacks on women, harmful policies and sexual and reproductive health in an interinstitutional, holistic way, high rates of adolescent pregnancy and GBV against women will continue, and the poorest, most marginalized will suffer most.

Both the government of El Salvador and its development and security donors, including the United States, fail to address the links between insecurity and violence against women and girls. Focusing on citizen security, as seen with the *mano dura* (iron first) approach, does not ensure security for women, girls or young people, especially not in a space where women's sexual and reproductive health and rights are already highly vulnerable due to the sociocultural context. A strong, local response that includes a positive policy environment is critical for the advancement and achievement of sexual and reproductive health and rights.

RECOMMENDATIONS

TO THE GOVERNMENT OF EL SALVADOR:

CONGRESS:

- Amend Articles 133, 135 and 136 of the Penal Code to decriminalize abortion by removing all criminal penalties for abortion and cease the sentencing of women for abortion or for aggravated homicide after suffering obstetric complications.

MINISTRY OF JUSTICE:

- Review the convictions of all women imprisoned after having suffered obstetric complications.
- Investigate and prosecute perpetrators of gender-based violence, including police and military officers.

MINISTRY OF HEALTH:

- Prioritize and support the effective public dissemination of scientifically accurate, rights-based and age-appropriate sexual and reproductive health information, education and communication. Ensure these campaigns facilitate access to sexual and reproductive health services by disseminating accurate resources, information on services and locations as well as availability of counselling.
- Train MINSAL staff on sexual and reproductive health and rights—including informed choice in contraceptive decision-making—to effectively reduce discrimination in the public health sector.
- In the absence of a revised penal code, advocate for the approval of misoprostol as a harm-reduction strategy for unsafe abortion.
- Train MINSAL staff on recognizing and referring cases of gender-based violence and improve data collection of instances of gender-based violence. Enact policies, support necessary programming and educate staff on managing cases.
- Ensure ongoing support for and the expansion of citizen monitoring in public health facilities to ensure transparency of, accountability for and access to MINSAL services.
- Enact protocols and ensure services to adequately protect staff serving populations in high-risk areas and local accompaniment at the community level.

MINISTRY OF SOCIAL INCLUSION:

- Ensure that *Ciudad Mujer* services are available for the most disenfranchised populations by establishing a rural outreach promoter network to identify women at the community level and facilitate their access to services.

TO DONOR GOVERNMENTS, INCLUDING THE UNITED STATES, AND MULTILATERAL AGENCIES:

- Invest across health, education, justice and economic development sectors to ensure gender mainstreaming in critical social services and reduce gender-based violence.
- Encourage the government of El Salvador to fulfill its obligations under international law regarding sexual and reproductive health and rights.

METHODOLOGY

This report was researched and written by Jamie Vernaelde, Senior Research and Policy Analyst, and Shilpa Kothari, Program Manager for Latin America and the Caribbean at PAI. PAI's partner in El Salvador, the *Fundación Maquilishuatl* (FUMA), provided technical support for research and a review of the final report.

Through visits to El Salvador in April and October 2018, PAI explored how violence impacts sexual and reproductive health and rights, access and service delivery in areas with high levels of gang control. Data was collected through semi-structured group interviews with 28 NGO-trained community leaders (*líderes y lideresas comunitarios*) in San Salvador, central region; Sonsonate, western region; and San Miguel, eastern region. This methodological approach was particularly useful in helping draw out evidence of the varied impacts of gang violence, GBV and systemic violence. It also highlighted the inequalities that women, girls and youth face in access to services. To better understand the broader context of violence in El Salvador and sexual and reproductive health and rights, PAI held more than 20 additional key informant interviews with: MINSAL staff, including national and regional directors, medical staff and community health workers and educators; local civil society representatives; and representatives from international human rights and women's rights organizations. To supplement interview data, PAI conducted a literature review, which included gray literature in the form of organizational reports, evaluations and other documents.

Throughout the report, names and identifying information have been withheld to protect the identities of those interviewed. Through its citizen monitoring program, FUMA identified the community leaders and arranged for safe locations in the three regions to conduct group discussions. With all interviewees, PAI staff discussed the purpose of the interview, its voluntary and confidential nature, how the information would be used and the rights of the interviewees. The group interviews typically lasted three hours, and individual interviews between 45 and 90 minutes. No compensation was provided for participation. Interviews in El Salvador and Washington, D.C. were conducted in either Spanish or English, with translation as needed.

This research and report would not have been possible without the invaluable sexual and reproductive health and rights advocacy work FUMA is conducting and its support for this project. PAI would like to also thank the health and women's rights activists, civil society representatives and MINSAL staff who shared their insight and analyses. Above all, PAI deeply appreciates the volunteer community leaders in Sonsonate and San Miguel and the youth leaders in San Salvador who shared their time and experiences.

ENDNOTES

- 1 PAI group interview with community leaders, September 25, 2018, Sonsonate, El Salvador.
- 2 Office of the United Nations High Commissioner for Human Rights (OHCHR). (2018). Sexual and Reproductive Health. Retrieved from: <https://www.ohchr.org/en/issues/women/wrgs/pages/healthrights.aspx>
- 3 Pan American Health Organization (PAHO). (2017). El Salvador. Retrieved from: <https://www.paho.org/salud-en-las-americanas-2017?p=4023>
- 4 International Crisis Group. (December 19, 2017). *El Salvador's Politics of Perpetual Violence*. Retrieved from: <https://d2071andvip0wj.cloudfront.net/064-el-salvador-s-politics-of-perpetual-violence.pdf>
- 5 Human Rights Watch. (January 2019). El Salvador: Events from 2018. Retrieved from: <https://www.hrw.org/world-report/2019/country-chapters/el-salvador#>
- 6 Bullock, N. (June 2017). *Towards a response: addressing forced displacement by violence in El Salvador*. Humanitarian Practice Network. Retrieved from: <https://odihpn.org/magazine/towards-response-addressing-forced-displacement-violence-el-salvador/>
- 7 World Health Organization (WHO). (November 29, 2017). Violence against women. Retrieved from: <http://www.who.int/en/news-room/fact-sheets/detail/violence-against-women>
- 8 UN Women. (2018). El Salvador: Prevalence Data on Different Forms of Violence against Women. Retrieved from: <http://evaw-global-database.unwomen.org/fr/countries/americanas/el-salvador?formofviolence=b51b5bac425b470883736a3245b7cbe6>
- 9 World Health Organization (WHO). (November 29, 2017). Violence against women. Retrieved from: <http://www.who.int/en/news-room/fact-sheets/detail/violence-against-women>
- 10 Amnesty International. (2014). *On the Brink of Death: Violence against Women and the Abortion Ban in El Salvador*. Retrieved from: https://www.amnestyusa.org/files/el_salvador_report_-_on_the_brink_of_death.pdf
- 11 Instituto Salvadoreño para el Desarrollo de la Mujer (ISDEMU). (2011). *Second National Report on the Situation of Violence Against Women in El Salvador 2010: A Public Safety Issue*. On file with PAI.
- 12 Inter-American Commission on Human Rights (IACHR). (January 29, 2018). Conclusions and Observations on the IACHR's Working Visit to El Salvador. Retrieved from: http://www.oas.org/en/iachr/media_center/PReleases/2018/011A.asp
- 13 Le Clercq Ortega, J.A., and Sánchez Lara, G.R. (2017). *GII-2017 Global Impunity Index*. Retrieved from: https://www.udlap.mx/cesij/files/GI-2017_eng.pdf
- 14 PAI interview with Ministerio de Salud (MINSAL) community health worker, September 27, 2018, San Salvador, El Salvador.
- 15 Inter-American Commission on Human Rights (IACHR). (January 29, 2018). Conclusions and Observations on the IACHR's Working Visit to El Salvador. Retrieved from: http://www.oas.org/en/iachr/media_center/PReleases/2018/011A.asp
- 16 Instituto Salvadoreño para el Desarrollo de la Mujer (ISDEMU). (October 26, 2017). *Informe sobre el Estado y Situación de la Violencia contra las Mujeres [Information on the State and Situation of Violence against Women]*. Retrieved from: <http://www.transparencia.gob.sv/institutions/instituto-salvadoreno-para-el-desarrollo-de-la-mujer/documents/217402/download>
- 17 El Instituto de Medicina Legal. (February 9, 2019). Registró 468 feminicidios en 2017, uno cada 18 horas [Registration of 468 femicides in 2017, one every 18 hours]. Retrieved from: http://www.observatorioseguridadciudadanadelasmujeres.org/documentos/fem_2018-02-09_01.pdf
- 18 The Advocates for Human Rights. (July 2016). *El Salvador: Submission to the Committee on the Elimination of Discrimination Against Women*. Retrieved from: https://www.theadvocatesforhumanrights.org/uploads/el_salvador_loi_submission_july_2016.pdf
- 19 PAI group interview with community leaders, September 26, 2018, San Miguel, El Salvador.
- 20 PAI interview with Asociación Promotora de la Salud (ASPS) representative, September 28, 2018, San Salvador, El Salvador.
- 21 Committee on the Elimination of Discrimination against Women (CEDAW). (March 3, 2017). *Concluding observations on the combined eighth and ninth periodic reports of El Salvador*. CEDAW/C/SLV/CO/8-9. Retrieved from: https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fSLV%2fCO%2f8-9&Lang=en
- 22 PAI group interview with community leaders, September 25, 2018, Sonsonate, El Salvador.
- 23 Multiple Indicator Cluster Surveys (MICS). (2014). *Encuesta Nacional de Salud de Indicadores Múltiples por Conglomerados*. Retrieved from: https://mics-surveys-prod.s3.amazonaws.com/MICS5/Latin%20America%20and%20Caribbean/El%20Salvador/2014/Final/El%20Salvador%202014%20MICS%20Final%20Report_Spanish.PDF
- 24 PAI group interview with community leaders, September 26, 2018, San Miguel, El Salvador.
- 25 Preliminary results of 2018 Fundación Maquilishuatl (FUMA) commissioned study. On file with PAI.
- 26 PAI interview with Sistema Básico de Salud Integral (SIBASI) staff, September 25, 2018, Sonsonate, El Salvador.
- 27 PAI interview with Fundación Maquilishuatl (FUMA) staff, September 21, 2018, San Salvador, El Salvador.
- 28 Fundación Maquilishuatl (FUMA). (2017). *Embarazo en adolescencia y los obstáculos enfrentando los servicios de salud sexual y reproductiva y el desarrollo integral de las adolescentes en lose municipios de Izalco, Nahuizalco y Santa Catarina Mashuat, Sonsonate, El Salvador [Adolescent pregnancy and obstacles to sexual and reproductive health service delivery and the essential development of adolescents in the municipalities of Izalco, Nahuizalco, and Santa Catarina Mashuat, Sonsonate, El Salvador]*. On file with PAI.
- 29 Multiple Indicator Cluster Surveys (MICS). (2014). *Encuesta Nacional de Salud de Indicadores Múltiples por Conglomerados*. Retrieved from: https://mics-surveys-prod.s3.amazonaws.com/MICS5/Latin%20America%20and%20Caribbean/El%20Salvador/2014/Final/El%20Salvador%202014%20MICS%20Final%20Report_Spanish.PDF
- 30 Pan American Health Organization (PAHO). (2017). El Salvador. Retrieved from: <https://www.paho.org/salud-en-las-americanas-2017?p=4023>

- 31 United Nations Population Fund (UNFPA). (2013). *Adolescent Pregnancy: A Review of the Evidence*. Retrieved from: https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf
- 32 Center for Reproductive Rights. (April 25, 2016). Re: Supplementary information on El Salvador, submitted for consideration by the Pre-Sessional Working Group of the Committee for the Elimination of Discrimination against Women (the "Committee") for the 66th Session. Retrieved from: https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/SLV/INT_CEDAW_NGO_SLV_23960_E.pdf
- 33 PAI group interview with community leaders, September 25, 2018, Sonsonate, El Salvador.
- 34 Multiple Indicator Cluster Surveys (MICS). (2014). *Encuesta Nacional de Salud de Indicadores Múltiples por Conglomerados*. Retrieved from: https://mics-surveys-prod.s3.amazonaws.com/MICS5/Latin%20America%20and%20Caribbean/El%20Salvador/2014/Final/El%20Salvador%202014%20MICS%20Final%20Report_Spanish.PDF
- 35 Inter-American Commission on Human Rights (IACHR). (January 29, 2018). Conclusions and Observations on the IACHR's Working Visit to El Salvador. Retrieved from: http://www.oas.org/en/iachr/media_center/PReleases/2018/011A.asp
- 36 Pan American Health Organization (PAHO). (2017). El Salvador. Retrieved from: <https://www.paho.org/salud-en-las-americanas-2017/?p=4023>
- 37 PAI group interview with youth community leaders, September 27, 2018, San Salvador, El Salvador.
- 38 PAI group interview with community leaders, September 26, 2018, San Miguel, El Salvador.
- 39 Decreto N° 1030, Código Penal (1998), Articles 133-137. See also Código de Ética y Deontología Médica (2015) Article 87.
- 40 PAI interview with two women's rights organizations, January 29, 2019, San Salvador, El Salvador.
- 41 BBC News. (February 16, 2019). El Salvador: Woman jailed over stillbirth is freed from 30-year sentence. Retrieved from: <https://www.bbc.com/news/world-latin-america-47263743>
- 42 Agrupación Ciudadana. (February 22, 2017). *¿Por qué me pasó esto a mí? La criminalización del aborto en El Salvador*. Retrieved from: <https://agrupacionciudadana.org/download/por-que-me-paso-esto-a-mi-la-criminalizacion-del-aborto-en-el-salvador/>
- 43 Inter-American Commission on Human Rights (IACHR). (January 29, 2018). Conclusions and Observations on the IACHR's Working Visit to El Salvador. Retrieved from: http://www.oas.org/en/iachr/media_center/PReleases/2018/011A.asp
- 44 PAI phone interview with Women's Equality Center, September 18, 2018.
- 45 Lakhani, N. (December 17, 2018). El Salvador court frees woman on trial after bearing rapist's baby. The Guardian. Retrieved from: <https://www.theguardian.com/world/2018/dec/17/el-salvador-rape-victim-freed-imelda-cortez-abortion>
- 46 Center for Reproductive Rights (February 15, 2018). Salvadoran Court Releases Woman Wrongfully Imprisoned After Obstetric Emergency. Retrieved from: <https://www.reproductiverights.org/node/5994/view>
- 47 World Health Organization (WHO). (2018). Definition and typology of violence. Retrieved from: <http://www.who.int/violenceprevention/approach/definition/en/>
- 48 International Crisis Group. (December 19, 2017). *El Salvador's Politics of Perpetual Violence*. Retrieved from: <https://d2071andvip0wj.cloudfront.net/064-el-salvador-s-politics-of-perpetual-violence.pdf>
- 49 Ibid.
- 50 Inter-American Commission on Human Rights (IACHR). (January 29, 2018). Conclusions and Observations on the IACHR's Working Visit to El Salvador. Retrieved from: http://www.oas.org/en/iachr/media_center/PReleases/2018/011A.asp
- 51 Kids in Need of Defense. (2016). *Neither Security nor Justice: Sexual and Gender-based Violence and Gang Violence in El Salvador Honduras, and Guatemala*. Retrieved from: https://reliefweb.int/sites/reliefweb.int/files/resources/Neither-Security-nor-Justice_SGBV-Gang-Report-FINAL_O.pdf
- 52 PAI group interview with youth community leaders, September 27, 2018, San Salvador, El Salvador.
- 53 Ibid.
- 54 PAI interview with Asociación para la Salud y el Servicio Social Intercomunal en El Salvador (APSIES) representative, September 24, 2018, San Salvador, El Salvador.
- 55 Kids in Need of Defense. (2016). *Neither Security nor Justice: Sexual and Gender-based Violence and Gang Violence in El Salvador Honduras, and Guatemala*. Retrieved from: https://reliefweb.int/sites/reliefweb.int/files/resources/Neither-Security-nor-Justice_SGBV-Gang-Report-FINAL_O.pdf
- 56 PAI group interview with youth community leaders, September 27, 2018, San Salvador, El Salvador.
- 57 PAI group interview with community leaders, September 25, 2018, Sonsonate, El Salvador.
- 58 Preliminary results of 2018 Fundación Maquilishuatl (FUMA) commissioned study.
- 59 Amnesty International. (2014). *On the Brink of Death: Violence against Women and the Abortion Ban in El Salvador*. Retrieved from: https://www.amnestyusa.org/files/el_salvador_report_-_on_the_brink_of_death.pdf
- 60 United States Agency for International Development (USAID). (October 2015). *Mobilizing Tax Revenue and Prioritizing Health Spending in El Salvador - A Case Study*. Retrieved from: https://www.r4d.org/wp-content/uploads/HFG-Tax-Reform-Case-Study_El-Salvador.pdf
- 61 Nortman, D.L. (1980). *Sterilization and the Birth Rate*. Studies in Family Planning. Retrieved from: https://www.jstor.org/stable/1966366?seq=1#page_scan_tab_contents; and World Bank. (2015). Fertility Rates. Retrieved from: <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=SV>
- 62 Fundación Maquilishuatl (FUMA). (2018) "Derechos y servicios de salud reproductiva: una interpretación desde el territorio." On file with PAI.
- 63 Multiple Indicator Cluster Surveys (MICS). (2014). *Encuesta Nacional de Salud de Indicadores Múltiples por Conglomerados*. Retrieved from: https://mics-surveys-prod.s3.amazonaws.com/MICS5/Latin%20America%20and%20Caribbean/El%20Salvador/2014/Final/El%20Salvador%202014%20MICS%20Final%20Report_Spanish.PDF
- 64 Pan American Health Organization (PAHO). (2017). El Salvador. Retrieved from: <https://www.paho.org/salud-en-las-americanas-2017/?p=4023>

- 65 PAI interview with Ministerio de Salud (MINSAL) Central representative, September 24, 2018, San Salvador, El Salvador.
- 66 PAI interview with Sistema Básico de Salud Integral (SIBASI) staff, September 25, 2018, Sonsonate, El Salvador.
- 67 Ibid.
- 68 Ibid.
- 69 PAI group interview with community leaders, September 26, 2018, San Miguel, El Salvador.
- 70 Center for Reproductive Rights. (April 25, 2016). Re: Supplementary information on El Salvador, submitted for consideration by the Pre-Sessional Working Group of the Committee for the Elimination of Discrimination against Women (the “Committee”) for the 66th Session. Retrieved from: https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/SLV/INT_CEDAW_NGO_SLV_23960_E.pdf
- 71 PAI group interview with community leaders, September 26, 2018, San Miguel, El Salvador.
- 72 International Crisis Group. (December 19, 2017). *El Salvador’s Politics of Perpetual Violence*. Retrieved from: <https://d2071andvip0wj.cloudfront.net/064-el-salvador-s-politics-of-perpetual-violence.pdf>
- 73 Office of the United Nations High Commissioner for Human Rights (OHCHR). (February 6, 2018). UN expert urges El Salvador step up measures to halt murders, vicious cycle of impunity. Retrieved from: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22635&LangID=E>
- 74 PAI group interview with community leaders, September 26, 2018, San Miguel, El Salvador.
- 75 PAI interview with Asociación para la Salud y el Servicio Social Intercomunal en El Salvador (APSIES) representative, September 24, 2018, San Salvador, El Salvador.
- 76 PAI interview with Ministerio de Salud (MINSAL) community health worker, September 27, 2018, San Salvador, El Salvador.
- 77 PAI interview with Sistema Básico de Salud Integral (SIBASI) staff, September 25, 2018, Sonsonate, El Salvador.
- 78 Office of the United Nations High Commissioner for Human Rights (OHCHR). (September 19, 2018). Committee on the Rights of the Child reviews report of El Salvador. Retrieved from: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=23594&LangID=E>
- 79 PAI group interview with youth community leaders, September 27, 2018, San Salvador, El Salvador.
- 80 Ibid.
- 81 PAI interview with Fundación Maquilishuatl (FUMA) representative, September 21, 2018, San Salvador, El Salvador.
- 82 PAI group interview with community leaders, September 25, 2018, Sonsonate, El Salvador.
- 83 Ibid.
- 84 PAI interview with Ministerio de Salud (MINSAL) community health worker, September 27, 2018, San Salvador, El Salvador.
- 85 PAI group interview with community leaders, September 26, 2018, San Miguel, El Salvador.
- 86 PAI group interview with community leaders, September 25, 2018, Sonsonate, El Salvador.
- 87 Ibid.
- 88 Ibid.
- 89 Ibid.
- 90 PAI interview with community leaders, September 26, 2018, San Miguel, El Salvador.
- 91 PAI group interview with community leaders, September 25, 2018, Sonsonate, El Salvador.
- 92 Ministerio de Salud (MINSAL). (May 13, 2018). Pirámide poblacional año 2017: Nivel país y departamental [Population pyramid 2017: National and department levels]. Retrieved from: http://www.salud.gob.sv/archivos/DVS/piramides2017/Piramides_Poblacionales_ELS_2017.pdf
- 93 Inter-American Development Bank (IDB). (November 25, 2015). El Salvador expands Ciudad Mujer with IDB support. Retrieved from: <https://www.iadb.org/en/news/news-releases/2015-11-25/el-salvador-expands-ciudad-mujer-with-idb-support%2C11337.html>
- 94 PAI interview with Asociación para la Salud y el Servicio Social Intercomunal en El Salvador (APSIES) representative, September 24, 2018, San Salvador, El Salvador.
- 95 PAI interview with Ministerio de Salud (MINSAL) health educator, September 24, 2018, San Salvador, El Salvador.
- 96 Inter-American Commission on Human Rights (IACHR). (January 29, 2018). Conclusions and Observations on the IACHR’s Working Visit to El Salvador. Retrieved from: http://www.oas.org/en/iachr/media_center/PReleases/2018/011A.asp
- 97 PAI interview with Ministerio de Salud (MINSAL) Central representative, September 24, 2018, San Salvador, El Salvador.
- 98 PAI interview with Ministerio de Salud (MINSAL) health educator, September 24, 2018, San Salvador, El Salvador.
- 99 PAI interview with Asociación Promotora de la Salud (ASPS) representative, September 28, 2018, San Salvador, El Salvador.
- 100 PAI interview with Ministerio de Salud (MINSAL) Central representative, September 24, 2018, San Salvador, El Salvador.
- 101 Ibid.
- 102 PAI interview with Sistema Básico de Salud Integral (SIBASI) staff, September 25, 2018, Sonsonate, El Salvador; and with Ministerio de Salud (MINSAL) health educator, September 24, 2018, San Salvador, El Salvador.
- 103 PAI group interview with community leaders, September 26, 2018, San Miguel, El Salvador.
- 104 United States Agency for International Development (USAID). (2019). El Salvador. Retrieved from: <https://foreignassistance.gov/explore/country/El-Salvador>; and OECD. (2018). Recipient Country: El Salvador. Retrieved from: https://public.tableau.com/views/OECDDACAidataglancebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no
- 105 PAI interview with Asociación Promotora de la Salud (ASPS) representative, September 28, 2018, San Salvador, El Salvador.

**CHAMPIONS
OF GLOBAL
REPRODUCTIVE RIGHTS**
pai.org

1300 19th Street NW, Suite 200
Washington, DC 20036-1624 USA
(202) 557-3400
www.pai.org • info@pai.org

 @paiwdc

 @pai_org

 @pai_org